## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
58506	03.00.000		•		papers. Each addition have its own certifica-	al paper, such as an assignme of mailing or transmission.	ent or formal drawing, must	
	03/29/2006				Ce	rtificate of Mailing or Tran	rmission	
Faegre & Benson LLP					I hereby certify that to States Postal Service	his Fee(s) Transmittal is bein with sufficient postage for fu	ig deposited with the United ist class mail in an envelope	
Attn: Patent Docketing					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
90 South Seventh Street					Lişa Johnson (Depositor's name)			
2200 Wells F					(Signature)			
Minneapolis,	MN 55402				- WX	yohnsen .		
					<u> June</u>	<u>aa,aoot</u>	(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/646,626 08/22/2003			John Regier		77012-325753	8464		
TITLE OF INVENTION: MO	OUNTING DEVICE AND	METHOD				77012-323733		
ADDIN TYPE	CMALL EXTERN	,	I			I		
APPLN. TYPE	SMALL ENTITY	ISSUE F		PL	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	)		\$300	\$1700	06/29/2006	
. EXAMI	EXAMINER AR		T CLASS-SUBCLASS		ASS-SUBCLASS			
SLACK, NAOKO N		3635			052-036300			
1. Change of correspondence	address or indication of "Fe	e Address" (37	2. For prin	ting on	he patent front page, li	st Facare	& Benson LLP	
					of up to 3 registered patent attorneys			
	or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2							
TFCE Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON 1	THE PATENT	(print c	τ type)			
PLEASE NOTE: Unless	an assignee is identified be	low, no assignee	data will appe	ar on t	e patent. If an assign	ee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNE		יייי בן ווווטו כוונו אי			_			
HNI Technol	•	(B) RESIDENCE: (CITY and STATE OR COUNTRY)  Muscatine, IA						
Please check the appropriate		ries (will not be pr			-	omoration or other private on	oun entity   Government	
		•	**********			orporation of valor private give	oup takey a devertable in	
				Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.				
				Payment by credit card. Form PTO-2038, is attached				
Advance Order - # of Copies   The Director is					dit card. Form PTO-2038 is attached deficiencies hereby authorized by charge the required foats), or credit any overpayment, to at Number 06-0029 (enclose an extra copy of this form).			
5. Change in Entity Status (	from status indicated shove	·	Deposit A	ccount	Number <u>06-0029</u>	(enclose an extr	a copy of this form).	
	ALL ENTITY status. See		☐ b. Applica	ant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(e)(2).	
The Director of the USPTO is NOTE: The Issue Fee and Pu interest as shown by the recor								
Authorized Signature	Scary		l			6/22/06 10. 44,9(		
Typed or printed name	Scott A. Ma	rks '			Registration N	lo 44,90	)2	
This collection of information an application. Confidentialit submitting the completed app this form and/or suggestions Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-1 Under the Paperwork Reducti					or retain a benefit by to sestimated to take 12 andividual case. Any cofficer, U.S. Patent and S TO THIS ADDRESS		by the USPTO to process) gg gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	